

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000051343

1. Entity Name
CARIBE SOUTH II LLC



Principal Place of Business
**11755 SW 90 ST, STE 210
MIAMI, FL 33173**

Mailing Address
**11755 SW 90 ST, STE 210
MIAMI, FL 33173**



01182008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0486995

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARNAIZ, MIREN
11755 SW 90 ST
210
MIAMI, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME MARTINEZ, CARLOS E
STREET ADDRESS 11755 SW 90 ST STE 210
CITY-ST-ZIP MIAMI, FL 33186

TITLE S
NAME ARNAIZ, MIREN
STREET ADDRESS 11755 SW 90 ST STE 210
CITY-ST-ZIP MIAMI, FL 33186

TITLE V
NAME MARTINEZ, FERNANDO
STREET ADDRESS 11755 SW 90 ST STE 210
CITY-ST-ZIP MIAMI, FL 33186

TITLE V
NAME MARTINEZ, RAUL
STREET ADDRESS 11755 SW 90 ST STE 210
CITY-ST-ZIP MIAMI, FL 33186

TITLE V
NAME MARTINEZ, EMILO J
STREET ADDRESS 11755 SW 90 ST STE 210
CITY-ST-ZIP MIAMI, FL 33186

TITLE S
NAME ARNAIZ, MIEN
STREET ADDRESS 11755 SW 90 ST STE 210
CITY-ST-ZIP MIAMI, FL 33186

U00000825672
02/21/08-80019-005 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/31/08

(305) 273-1303